GKNG 1289 PCT

ARTUR GRUNWALD, ET AL.

APPLIED FOR

COMPLETE IF KNOWN

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

Declaration	Declaration	Filing Date	HEREWI'	EREWITH					
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit							
Filing	(37 CFR 1.16 (e)) required)	Examiner Name							
As a below named inventor, I hereby declare that:									
My residence, mailing address, and	My residence, mailing address, and citizenship are as stated below next to my name.								
I believe I am the original, first and	sole inventor (if only one	name is listed below) o	r an original, first	and joint inventor (if plural					
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AXIAL SETTING DEVICE WITH TORQUE DETERMINING MEANS									
AXIAL SETTING DEVICE WITH	TORQUE DETERMINATIVO	3 MEANS							
	(Title of the	Invention)							
the specification of which	(Title of the	anvention,							
is attached hereto									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment spec	amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other									
than the United States of America patent, inventor's or plant breeder	a, listed below and have 's rights certificate(s), or	also identified below,	by checking the	box, any foreign application for					
application on which priority is clair Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?					
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
PCT/EP2003/013928	EPO 1	2/09/2003							
A 1 1717 - 14 1 17 17	A Live of Color of the color of								
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ./	irect all correspondence to: Customer Number or Bar Code Label 02725				56 OR Correspondence address below			
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name								
28333 TELEGRAPH ROAD SUITE 250 Address								
SOUTHFIELD City			State	MI e	ZIP 48034			
U.S.A. Country	-				248-223-9522 Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INVENTOR :		A petition h	as be	en filed for this un	signed inventor			
Given Name ARTUR (first and middle [if any])				ily Name urname	GRUNWALD			
Inventor's Signature					Date			
NÜMBRECHT Residence: City		State		GERMANY Country	GERMAN Citizenship			
ORCHIDEENWEG 18 Mailing Address								
NŬMBRECHT City	State	D-51588 ZIP		GERMANY Country				
NAME OF SECOND INVENTOR:		A petition ha	s bee	n filed for this unsi	gned inventor			
Given Name THEODOR first and middle [if any])			Family Name or Surname		GASSMANN			
Inventor's Signature					Date			
SIEGBURG Residence: City		State		GERMANY Country	GERMAN Citizenship			
EICHENDORFFSTRASSE 60 Mailing Address								
SIEGBURG		State		D-53721 ZIP	GERMANY Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	ARTUR GRUNWALD, ET AL.
Title	AXIAL SETTING DEVICE WITH TORQUE DETERMINING MEANS
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1289 PCT

I hereby revoke a	II previo	us powers of attorney gi	ven in the ab	ove-ide	entified applic	ation.		
I hereby appoint:								
	Practitioners associated with the Customer Number:			027256				
OR		•						
Practitioner(s)	named bel	ow:					,	
		Name		Registration Number				
	-							
		<u></u>						
				_				
as my/our attorney(s) Trademark Office con	or agent(s	s) to prosecute the application erewith.	identified above	, and to t	ransact all busin	ess in the l	United States Patent and	
Please recognize or c	hange the	correspondence address for t	he above-identi	fied appli	cation to:			
	_	ed with the above-mentioned C						
OR OR	associate	ed with the above-mentioned C	ostomer Numb	51.		7		
The address associated with Customer Number: OR								
Firm or Individual	Name		,		-			
Address	Ivanie				<u> </u>			
City				State			Zip	
Country								
Telephone				Fax			****	
I am the: Applicant/Inv	entor							
		he entire interest See 37 CER	2 7 7 1					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
SIGNATURE of Applicant or Assignee of Record								
Signature	ARTUR	GRUNWALD				Date		
Name						Telephone		
Title and Company							1. AVII.	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of 2	1	forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS	Application Number	APPLIED FOR HEREWITH			
	Fillng Date				
	First Named Inventor	ARTUR GRUNWALD, ET AL.			
	Title	AXIAL SETTING DEVICE WITH TORQUE DETERMINING MEANS			
	Art Unit				
INDICATION FORM	Examiner Name				
	Attorney Docket Number	GKNG 1289 PCT			

I her	eby revoke al	l previo	ous powers of attorney give	ven in the	e above-ide	ntified applic	ation.		
I hereby appoint:									
		sociated with the Customer Number: 0272				256			
_ (OR .			_	-	-			
	Practitioner(s) n	amed be	low:						
			Name			Registra	tion Numbe	r	
				- :					
			· · · · · · · · · · · · · · · · · · ·	+					
	/our attorney(s) of mark Office conn		s) to prosecute the application erewith.	identified a	bove, and to t	ransact all busin	ess in the l	United States Patent and	ļ
Plone	o rocognizo or ch	ango the	e correspondence address for t	he above-i	dentified annli	cation to:		<u> </u>	
V V						oation to.			
	The address OR	associat	ed with the above-mentioned C I	ustomer N	umber:		٦		
ш	The address OR	associat	ed with Customer Number:						
	Firm or Individual	Name						-	
	Address				<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	City				State			Zip	
	Country				I Fay				
Lom	Telephone				Fax				
l am the: Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signa	ture	THEOD	OR GASSMANN	·			Date		
Name							Telephone		
Title a	nd Company								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
V	*Total of 2		forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.